HANK SERVICES
hire.a.neighborhood.kid

Thank you for your interest in HANKServices

HOW DO I GET A TEEN TO DO CHORES AT MY HOUSE?

In order to provide the HANKServices teens and seniors with the best experience possible, as part of our compliance requirements to undergo a check against the Sexual Offender Registry, various internet and reference checks. Additionally, for the teen to work inside the home, a home assessment and interview will be conducted prior to being assigned a teen. Additionally, A HANKServices team member will accompany the teen on their first visit. Please note, some parents will want to meet you prior to sending heir teen to your home and may come to the beginning of the first visit with the HANKServices team member. All teens go through an orientation prior to receiving an assignment.

Please note, this application is not a guarantee of a match to a teen as it depends upon the availability of teens as well as your requested time.

HANKServices strives to complete applications as quickly as possible. As there are many moving parts to this application and we are working with volunteers, please try to get your application in as early as possible.

WHO DO I CONTACT WITH QUESTIONS?

Our team is happy to answer any questions or address any concerns that you may have.
Senior Application Manager info@hankservices.org
Call (516) 760-9884

HOW DO I SUBMIT MY APPLICATION?

Please complete and submit pages 2-4 of this packet to our office via mail. If you are unable to print the application, please call and leave a message and a volunteer will return your call.

HANKServices
31 Covert Ave. #90
Floral Park, NY 11001
(516) 760-9884

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Application for Services

PRIVACY & PROTECTION OF INFORMATION: Security of information is extremely important to us. All information submitted is available to and accessed by only relevant personnel. Information is never sold or shared outside of HANKServices.

Personal Information

First Name	Middle	Last	
Maiden name: Any other names on last page			
Address	City	State	Zip
Years at current address If less than 7 years, please list previous addresses on last page			
Date of Birth			
Phone Home	Mobile	Preferred Phone	
Email			

Please list who else lives with you or will be present when the teen arrives. Use reverse side of paper if necessary.

First Name	Last	
Work phone	Mobile	DOB_____

First Name	Last	
Work phone	Mobile	DOB_____

Emergency Contact Information (typically a family member).

Emergency Contact	Relationship
Phone	

Please list a neighbor your teen can contact in the event of an emergency, i.e., a fall.

Neighbor Contact	Relationship
Address.	Phone

Second Reference

Name	Relationship
Phone	

How did you hear about HANKServices?

Time requested / Times a teen could come

Hours Avaiable	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8am-12							
12pm-3							
3pm-6							
6pm-8 weekdays 6pm-10 weekends							

Affirmation and Signature

Please realize we do our best to vet each teen that will be working with you. The teen's parent(s) may accompany the HANKServices team member to meet you on the first visit in order to see what the work will be. If there will be payment for services, they may wish to discuss the terms prior to the job. In the event the student is volunteering, the parent(s) still retains the option of meeting you to see where and what their child will be doing.
We realize you may see this as an inconvenience, but we are sending a minor into your home and we need to allow for parental consent at each job.

Seniors are checked against the Sexual Offender Registry as well as various internet and reference checks.

In the event there are firearms in the house, my signature also attests that they are stored securely according to state and local laws.

I attest that I have comprehensive home or renters insurance, insuring that any injuries to invited guests or incidents involving my pet are fully covered.

If I have Alexa, Siri or any other recording devices, it will not record the teen.

I give my permission to process my application for HANKServices.

_____ _____
Signature Date

_____ _____
Signature (spouse, partner) Da

Space for previous addresses, and other names used, if applicable:

To enhance the safety and well-being of our senior citizens, we encourage you to complete the optional Basic Medical Information for Paramedics form on the next two pages. This addition comes in response to instances where seniors have needed to call 911. Having this information readily available can significantly assist paramedics in delivering the best possible care. The form is intended specifically for use by emergency responders—we will not review it.

We kindly ask that you place the completed form in a sealed envelope, clearly marked "In Case of Emergency." Please inform your designated teen helper of its location so they can easily access it if needed. Your comfort and privacy are our top priorities, and we appreciate your cooperation in ensuring a safe environment for all.

Basic Medical Information for Paramedics

	This form can help assure that all essential information is readily available during a medical emergency, supporting the well-being of your loved one or caregiver.
1	**Standard Personal Information**
	Name:
	Phone:
	Date of Birth:
	Address:
2	**Doctor Information**
	Primary Physician:
	Phone:
	Key updates:
3	**Hospital Information**
	Preferred hospital:
	Why?
4	**Allergies and Medications**
	Allergies:
	Medication:
5	**Medical History / Current Health Conditions**
	Relevat past medical history:
	Current health conditions:

6	**Medical Insurance Information**
	Primary insurance provider:
	Secondary insurance provider:
	Prescription plan:
	Pharmacy:
7	**Legal Information**
	Durable power of attorney:
	Health care proxy:
8	**Advance Directives**
	Physician Orders for Life Sustaining Treatment (POLST):
	Code Status-DNR wishes:
9	**Emergency Contact, Name and address of People to Notify**
	Additional Guidelines:
*****Use additional sheets as necessary*****	
Keep this information UPDATED and in an accessible location such as on the refrigerator or near the phone. Share copies with trusted family members, caregiver or friends. Consider maintaining key documents (living will, life insurance info, funeral arrangements) in a centralized location for easy access.	
	Adapted from care.com